



INSTRUCTIONS: The receiving station will complete part I, and forward original and one copy to the releasing station. The releasing station will complete parts II and III, and return the original with proper attachments to the receiving station.

1. NAME (Caps) LAST - FIRST - MIDDLE <div> <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. </div>			2. BIRTH DATE (Month, day, year)			3. SOCIAL SECURITY NO.		
4. POSITION TITLE AND NO.			5. PAY PLAN	6. OCCUP. CODE	7. TITLE CODE	8. GRADE - STEP	9. SALARY \$	
10. NAME AND LOCATION OF EMPLOYING OFFICE							11. STATION NO.	
12. DUTY STATION (Only if different from item 10)				13. ORGANIZATION COST CENTER		14. TYPE OF APPOINTMENT		
15. TRAVEL AND TRANSPORTATION AUTHORIZED <div> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			17A. SIGNATURE AND TITLE OF APPOINTING OFFICIAL				17B. DATE	
16. PROPOSED EFFECTIVE DATE OF TRANSFER								

(Items 18 through 30 and the agreement on the reverse will be completed only if item 15 has been checked "Yes," Travel will not be initiated until specific orders are issued. This information is authorized under Chapter 57, Title 5, United States Code. If you decline to provide the information, authorized reimbursement of expenses you have incurred will not be possible.)

18. TRAVEL REQUESTED FOR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> DEPENDENT(S)		19. DEPENDENT(S) WILL TRAVEL <input type="checkbox"/> WITH EMPLOYEE <input type="checkbox"/> SEPARATELY (Give reason)	
20. MODE OF TRAVEL DESIRED FOR EMPLOYEE <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> OTHER (Specify)			
21. MODE OF TRAVEL DESIRED FOR DEPENDENT(S), IF TRAVELING SEPARATELY <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> OTHER (Specify)			

22. NAME(S) OF DEPENDENT(S)		RELATIONSHIP	AGE*	(X)	ANTICIPATED REAL ESTATE TRANSACTIONS	
					23A. SETTLEMENT OF UN-EXPIRED LEASE	ESTIMATED EXPENSES \$
					23B. SALE OF PRESENT RESIDENCE	ESTIMATED EXPENSES \$
					23C. PURCHASE OF NEW DWELLING	ESTIMATED EXPENSES \$
*Not required for spouse.						
24. AUTHORIZATION FOR ONE ROUND TRIP TO NEW DUTY STATION TO SEEK RESIDENCE QUARTERS REQUESTED FOR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE				25. MODE OF TRAVEL DESIRED FOR ROUND TRIP IN ITEM 24 <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> OTHER (<i>Specify</i>)		
26. AUTHORIZATION OF SUBSISTENCE EXPENSES FOR TEMPORARY QUARTERS REQUESTED FOR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> DEPENDENT(S)	27. SHIPMENT OF HOUSEHOLD GOODS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		28. STORAGE OF HOUSEHOLD GOODS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		29. ESTIMATED WEIGHT OF HOUSEHOLD GOODS <div style="text-align: right;">LBS.</div>	
30. HOME ADDRESS (<i>Number and street, city, State, and ZIP Code</i>)				31A. SIGNATURE OF EMPLOYEE (<i>See reverse</i>)		31B. DATE

32. HEALTH BENEFITS CARRIER CONTROL NO.	33. RECOMMENDED EFFECTIVE DATE OF TRANSFER <i>(Only if different from item 16)</i>	
34. REMARKS <i>(For example, need for annual leave, advance of travel funds, etc.)</i>		
<i>(Continue on reverse)</i>		
35. NAME AND LOCATION OF RELEASING STATION	36A. SIGNATURE AND TITLE OF APPROVING OFFICIAL	36B. DATE

ATTACH MATERIAL REQUIRED BY MP-6, PART V, SUPPLEMENT 1.5, FOR INTER-STATION TRANSFERS.

NOTE: The following transferring employee's agreement is not to be used for new appointments. For appointee's or assignee's agreement, see MP-1, part II, chapter 2, appendix J.

TRANSFERRING EMPLOYEE'S AGREEMENT TO REMAIN IN THE GOVERNMENT SERVICE FOR TWELVE (12) MONTHS OR TO REPAY THE GOVERNMENT FOR COSTS OF TRAVEL AND TRANSPORTATION ADVANCED

I have agreed to accept transfer within the Department of Veterans Affairs from my old duty station located in

_____ to my new duty station located in _____
(City and State) (City and State)

1. In consideration of the payment by the Government for expenses of my travel and transportation and those of my immediate family, including expenses of transportation and/or storage of my household goods, and other applicable allowances, I hereby agree:

a. To remain in the service of the Government for twelve (12) months following the date of my transfer, unless separated for reasons beyond my control which are acceptable to the VA, such as:

- (1) Induction into the Armed Forces of the United States of America.
- (2) Permanent or semipermanent illness or death, not due to my own misconduct.
- (3) Compelling personal reasons which are beyond my control and which are acceptable to the VA.
- (4) Failure to qualify for the position for which selected (through no fault of my own).

b. That, if I do not fulfill that portion of this agreement set forth in paragraph 1a above, or for any reason not acceptable to the VA do not complete the transfer thereby violating the terms of this agreement, any moneys expended by the United States on my account or on account of my family for travel and transportation, and expenses of transportation and/or storage of my household goods to my new duty station, including other applicable allowances, will be considered as a debt due by me or my estate or personal representative to the United States, which I hereby agree to pay in full as directed by the VA.

2. I affirm that no promises or representations concerning this employment, other than those contained herein, have been made by the VA, and that I have read the provisions of this agreement and understand them.

3. Questions as to interpretation of this agreement will be submitted to the Secretary of Veterans Affairs. His decisions thereon will be final.

SIGNATURE OF EMPLOYEE

DATE

REMARKS OF RELEASING STATION (Continued)